



TEMPORARY USE APPLICATION MENU BOARD/A-FRAME

Please complete this application and submit it to:

City of Savannah
Citizen Office
8 East Bay Street
P.O. Box 1027
Savannah, Georgia 31402
912-351-6527 (office)

Date: _____

➤ BUSINESS INFORMATION

Name of Business: _____

Address of Business: _____

Telephone Number of Business: _____

▪ Please indicate the business hours of operation.

Monday thru Friday _____

Saturday _____

Sunday _____

➤ APPLICANT INFORMATION

Applicant Name: _____

Applicant Street Address: _____

Applicant Telephone Number: _____

Applicant E-Mail Address: _____

➤ **EMERGENCY CONTACT INFORMATION**

Please list the name of a person who the City can notify or contact at any time concerning the applicant's requested temporary use. (Example: Store Manager)

Name: _____

Street Address: _____

Telephone Number: _____

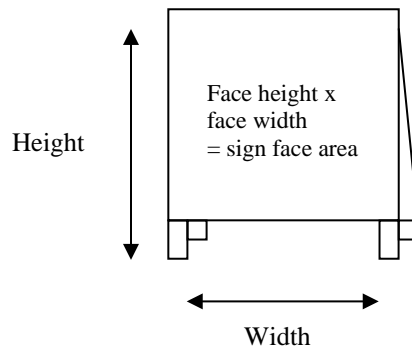
E-Mail Address: _____

➤ **MENU BOARD/A-FRAME INFORMATION**

▪ **Sign Dimensions:**

Height: _____ (Maximum of 43in.)

Width: _____ (Maximum of 24in.)



SIGN MUST BE PLACED WITHIN 18 INCHES OF BUILDING PROPERLY LINE

➤ **ATTACHMENTS**

▪ **Please submit the following information with the application**

- **Photos of proposed Menu Board/A-Frame:** Photos of the item being used on the public right-of-way need to be included with the application. The photos must clearly show the color and design.
- **Proof of Insurance:** General liability insurance in the amount of \$100,000 per person and \$200,000 per occurrence is required. The business insurance policy must be made out to the "Mayor and Aldermen of the City of Savannah" and should name the "The Mayor and Aldermen of the City of Savannah" as an additional insured.
- **Application Fee:** An application fee of \$50.00 must be included with the application. Payment should be made in check or money order made payable to the City of Savannah.



By signing below, I agree that:

I have read and accept the terms of the City of Savannah's Temporary Use Menu Board/A-Frame Policy;

Once the permit has been issued I understand it cannot be transferred; and

I must provide notification to the City upon ceasing the operation of utilizing the right-of-way if the liability insurance expires, is canceled, or transferred.

Signature of Applicant

Date

To be Used By Citizen Office Staff ONLY

Approvals	Notes
Approved by	
Approval date	
Date of Site Visit	
Other	